



### STUDENT RESIDENCY STATEMENT

Please list all of YOUR school-aged children currently living with you. (Please print as stated on Birth Certificate)

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

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**Information provided on this form is confidential.**

1. Do you live in any of the following situations?

\_\_\_\_ Sharing housing with other persons due to: **(choose all that apply)**

Loss of Housing \_\_\_\_, Economic Hardship \_\_\_\_, Evicted \_\_\_\_, Foreclosure \_\_\_\_, Lost Job \_\_\_\_, Separated/Divorced \_\_\_\_,  
Fire \_\_\_\_, Flood \_\_\_\_, Natural Disaster \_\_\_\_, Safety Reasons \_\_\_\_, Military Parent \_\_\_\_, Moved from \_\_\_\_\_

**Explain:** \_\_\_\_\_

\_\_\_\_ Long-term living arrangement to save money or a similar reason **(please specify):** \_\_\_\_\_

\_\_\_\_ In a motel, hotel, or campground **(specify name of location and explain):** \_\_\_\_\_  
or a similar setting due to: **(check one below)**

\_\_\_\_ Lack of alternative adequate accommodations: **(explain)** \_\_\_\_\_

\_\_\_\_ A convenient living arrangement or waiting for an apartment or house to be ready.

\_\_\_\_ Other **(please specify):** \_\_\_\_\_

\_\_\_\_ In an emergency shelter, such as domestic violence, homeless shelter, transitional housing, other shelter or agency.

\_\_\_\_ A primary nighttime residence not designed for or ordinarily used as a regular sleeping place for human beings.

\_\_\_\_ In cars, parks, public spaces, abandoned buildings, bus/train station or similar setting **(please specify):** \_\_\_\_\_

\_\_\_\_ Substandard Housing, \_\_\_\_ Unaccompanied Youth, \_\_\_\_ Awaiting Foster Care, \_\_\_\_ Migratory Children, \_\_\_\_ Group Home \_\_\_\_ None of the above.

2. Who is your family living with? Friend \_\_\_\_, Grandparent \_\_\_\_, Family Member \_\_\_\_, other **(please specify)** \_\_\_\_\_

3. Current Full Address (including room #): \_\_\_\_\_ Phone Number: \_\_\_\_\_

4. How long have you lived at this location? \_\_\_\_\_ How long do you anticipate living here? \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian/Unaccompanied Youth (Print Name) Signature

Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SCHOOL USE:** If a homeless situation is indicated, give the parent/guardian/unaccompanied youth a copy of Form JBC(1)E(2) (Information for Parents, McKinney-Vento Homeless Assistance Act). Fax this completed form to the Homeless Education Liaison at 770-443-6014. Contact the Homeless Education Liaisons at 770-443-8003 ext. 10264 with any questions.  
Book Bag \_\_\_\_, School Supplies \_\_\_\_, Dictionary \_\_\_\_, Toiletries \_\_\_\_, Calculator \_\_\_\_, Clothing \_\_\_\_, other \_\_\_\_\_.

\_\_\_\_ Denied Homeless \_\_\_\_ Approved Homeless Date: \_\_\_\_\_ By: \_\_\_\_\_  
Homeless Education Liaison